

Foster Family Home - Corrective Action Report

Provider ID: 2-619273

Home Name: Rowena Visaya, CNA

Review ID: 2-619273-7

15-1518 25th Avenue

Reviewer: Lori O'Keefe

Keaau HI 96749

Begin Date: 2/7/2020

Foster Family Home Required Certificate [11-800-6]

6.(d)(1) Comply with all applicable requirements in this chapter; and

Comment:

6.d.1 - Annual inspection conducted of this 2 bed home. A corrective action report (CAR) has been issued and a written corrective action plan (CAP) is due back to CTA prior to 3/7/2020.

Foster Family Home Background Checks [11-800-8]

8.(a)(1) Be subject to criminal history record checks in accordance with section 846-2.7, HRS;

8.(a)(2) Be subject to adult protective service perpetrator checks if the individual has direct contact with a client; and

Comment:

8.a.1, 8.a.2 - CG1 has expired APS/CAN and eCrim, due by 7/13/19 and 2/6/15. There are no current clearances in the home binder.

8.a.1 - CG2 has expired eCrim, due by 1/15/15, no current clearance in the home binder.

8.a.1, 8.a.2 - CG3 has expired APS/CAN and eCrim, due by 7/13/19 and 1/15/15. There are no current clearances in the home binder.

Foster Family Home Personnel and Staffing [11-800-41]

41.(b)(8) Have documentation of current training in blood borne pathogen and infection control, cardiopulmonary resuscitation, and basic first aid.

Comment:

41.b.8 - CG's 1 and 3 CPR/First Aid cards have poor copy quality so unable to confirm renewal and next expiration dates.

Lori O'Keefe RN
Compliance Manager

Dawn Smith
Primary Care Giver

2/7/2020
Date

02/07/2020
Date

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Rowena VisayaCCFFH Address: 15-1518 25th Avenue Kaaau, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	CG#1 APS/CAN was obtained on 2/23/19 and result was ready on 3/11/19. Faxed it to CTA.	3/21/20	Home understand the APS/CAN requirements. Home will use iPhone calendar to input All Expirations, due dates to prevent future incidents.
8.a.2	CG#1 Ecrim was done on 02/13/20 and faxed to CTA.	2/29/20	Home understand the Ecrim requirements. Home will use calendar on iPhone to set a reminder of all due dates to prevent in the future.
8.a.1	CG#2 Ecrim was done on 02/13/20 and faxed to CTA.	2/29/20	Home/PCA will make sure that SCA will complete Ecrim on or before due date.

Primary Caregiver's Signature: Rowena VisayaPrint Name: Rowena VisayaDate of Signature: 03/21/20

Community Care Foster Family Home (CCFFH)
 Written Plan of Correction for Deficiencies
 Listed in Corrective Action Report
 Chapter 17-1454

CCFFH Name: Rowena VisayaCCFFH Address: 15-1518 25th Avenue Keaa, HI 96749

Rule Number	Corrective Action Taken	Date Corrected	Prevention Strategy
8.a.1	CG#3 APS/CAN was obtained on 2/23/20 and results was ready on 3/11/2020 and Faxed to CTA	3/21/20	Home understand the importance of APS/CAN. Home/PCG will remind and make sure SCG will complete it on or before expiration date.
8.a.2	CG#3 ECRIM was done on 02/13/20 and faxed to CTA.	2/29/20	Home understand the ECRIM requirements. Home/PCG will remind and make sure SCG will complete it on or before due date.
41.b.8	CG#1 & CG#3 CPR/First Aid cards doubled check expiration dates.		Home will make sure that copies of documents will have a better quality and clear copies so that it is easier to see. and

Primary Caregiver's Signature: Rowena VisayaPrint Name: Rowena VisayaDate of Signature: 03/21/20